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CONFIRMATION NO. 2227

<b>SERIAL NUMBER</b> 10/605,228	<b>FILING OR 371(c) DATE</b> 09/16/2003 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3626	<b>ATTORNEY DOCKET NO.</b> 7553.00096 / 03-0920
<b>APPLICANTS</b> Stephen J Brown, Woodside, CA;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/237,194 01/26/1999 which is a CON of 08/481,925 06/07/1995 PAT 5,899,855 which is a CON of 08/233,397 04/26/1994 ABN which is a CIP of 07/977,323 11/17/1992 PAT 5,307,263				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/04/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 92
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 60683				
<b>TITLE</b> PATIENT CONTROL OF HEALTH-RELATED DATA IN A REMOTE PATIENT MONITORING SYSTEM				
<b>FILING FEE RECEIVED</b> 2346	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	